



ADVISORY NOTICE

No. 10-007

SUBJECT: Final corrections/revisions to the November 1, 2010 version of the
Rhode Island Prehospital Care Protocols and Standing Orders

DATE: October 1, 2010

ISSUED BY: Samuel W. Adams, Interim Chief, Emergency Medical Services

A handwritten signature in black ink, likely belonging to Samuel W. Adams.

As might be expected with any major protocol update, the Division of EMS has identified some errors and omissions in the updated *RI Prehospital Care Protocols and Standing Orders* scheduled to take effect November 1, 2010. We have completed corrections to the affected protocols and are providing update packets to the all Ambulance Services and EMT-Instructor/Coordinators. The corrected protocols may also be downloaded from the EMS section of the Department of Health web site.

The following provides summary of corrections made to the affected protocols; any protocols not shown remain unchanged from the original May, 2010 distribution.

Instructions for Use of the Protocols

- Clarification has been added regarding items identified as "BLS PERSONNEL" versus "ALS PERSONNEL" or "ALL PERSONNEL."
- The "Choice of Therapy" guidance referenced in the original protocol distribution was omitted from the actual protocol but has been re-inserted.

1.1 Standard Management of All Patients

- For pediatric patients, references to "tape" have been changed to "dosing device" for consistency.
- List of PCI Hospitals has been revised to reflect their current status.

2.2 Asystole

- Added consideration of CALCIUM CHLORIDE if hyperkalemia or calcium channel blocker overdose are suspected (EMT-Cardiacs may administer with Medical Control authorization.)
- Added consideration of GLUCAGON if beta-blocker overdose is suspected.

2.6 Congestive Heart Failure (Pulmonary Edema)

- Corrected contradiction regarding administration of MORPHINE (authorization IS required before administering MORPHINE to patients in respiratory distress.)
- Corrected #8 to indicate that NITROGLYCERIN is not restricted to sublingual delivery when an IV has not been established.
- Corrected dosing errors for IV infusions of NITROGLYCERIN.

2.7 Pulseless Electrical Activity (PEA)

- Added consideration of CALCIUM CHLORIDE if hyperkalemia or calcium channel blocker overdose are suspected (EMT-Cardiacs may administer with Medical Control authorization.)
- Added consideration of GLUCAGON if beta-blocker overdose is suspected.

2.8 ST-Elevation Myocardial Infarction (STEMI)

- Changed blood pressure interval to 5 minutes (rather than 3 minutes) in order to coincide with administration of NITROGLYCERIN.

2.9 Supraventricular Tachycardia (SVT) (Adult, Stable)

- Corrected a typographical error in Step #2.
- Added CALCIUM CHLORIDE to EMT-C scope-of-practice in order to compensate for effects of DILTIAZEM when/if necessary.

2.13 Ventricular Fibrillation (VF) / Pulseless Ventricular Tachycardia (VT)

- Added consideration of CALCIUM CHLORIDE if hyperkalemia or calcium channel blocker overdose are suspected (EMT-Cardiacs may administer with Medical Control authorization.)
- Added consideration of GLUCAGON if beta-blocker overdose is suspected.

2.15 Ventricular Tachycardia (VT) (Unstable)

- Combined Steps #6 & 7 to clarify that EMT-Cardiacs require authorization from Medical Control before administering AMIODARONE or LIDOCAINE (Paramedics do not require Medical Control authorization.)
- Added consideration of CALCIUM CHLORIDE if hyperkalemia or calcium channel blocker overdose are suspected (EMT-Cardiacs may administer with Medical Control authorization.)
- Added consideration of GLUCAGON if beta-blocker overdose is suspected.

3.1 Cold Exposure

- Corrected typographical error in Step #1.

3.6 Poisoning and Overdose

- The requirement to place the patient on a cardiac monitor was inadvertently deleted but has been re-inserted.

4.1 Abdominal Pain

- Corrected the pediatric KVO rate to be 10-20 mL/hour instead of 10-20 mL/kg/hour.

4.4 Asthma (COPD)

- Corrected order/preference of administration for ALBUTEROL, EPINEPHRINE and TERBUTALINE by ALS Personnel.

4.7 Impaired Consciousness

- Corrected order of steps so that THIAMINE is given *after* checking the blood glucose (bG) level, and only if the level is low.
- Corrected a typographical error; NARCAN should be diluted for ET administration with 10 mL of NORMAL SALINE, not 10 mg.

4.10 Seizures/Postictal State

- Corrected a typographical error; NARCAN should be diluted for ET administration with 10 mL of NORMAL SALINE, not 10 mg.

8.7 Pain Management

- Revised advisory box to clarify that Medical Control authorization is required before administering pain management and sedation medications for any purpose other than pain management unless specifically authorized by a given protocol (e.g., *Seizures/Postictal State* or *Major Incident*.)